



Group Medical Coverage for Academic Travel: U.S. Outbound

Understanding your benefits.

Travel with confidence knowing we've got your back.

Sarah Lawrence College
September 1, 2026

 **BlueCross BlueShield**
Global SolutionsSM

We'll take care of you while you *take on the world.*

Your plan:

Group Medical Coverage for Academic Travel: U.S. Outbound

- For members studying outside the U.S.
- Worldwide coverage



Welcome to your health plan!

Managing your health while studying abroad doesn't have to be complicated. Blue Cross Blue Shield Global SolutionsSM (BCBS Global SolutionsSM) offers coverage and tools that make it easy for you to access care so you can take charge of your health. Here's what you need to get started.

What your plan includes:*

- Care for inpatient, outpatient and emergency visits
- Care for preventive and well visits
- 24/7/365 unlimited access to free doctor consultations by telephone or video
- Pre-departure program for health guidance before you travel
- Medically necessary evacuation and repatriation
- Assistance during political unrest or natural disasters (plan dependent)[†]
- Prescription benefits[‡]
- Emergency bedside visit

3 easy ways to connect to care



Telemedicine services at no cost, anytime, anywhere



Easy-to-use apps and online resources for managing your care



24/7/365 support from global health and safety experts

When your studies involve travel, you're not just covered—*you're cared for.*

*Refer to your plan coverage for your full list of benefits.

[†]Just call the number on your ID card if support is needed. View your Certificate of Coverage for exclusions and limitations.

[‡]Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Coverage is on file with your institution and in the Member Portal on [bcbsglobalsolutions.com](https://www.bcbsglobalsolutions.com).



Getting started with your plan.

Managing your health abroad doesn't have to be complicated. Our tools make it easy for you to access care so you can take charge of your health. Here's what you need to get started.

Make sure you can access your digital ID card.

As a member of a Group Medical Coverage for Academic Travel plan from BCBS Global Solutions, you'll have one ID card. You need to show your ID card when you receive healthcare services.

- Your ID card is available on the Member Portal at bcbsglobalsolutions.com. Or, you can access it in the mobile app.

	BlueCross BlueShield Global Solutions
UNIVERSITY - XXXXX	

Take a few simple
steps now, so
you're ready for
the journey ahead.



Register to access our digital tools.

You can register for the Member Portal at bcbsglobalsolutions.com by clicking on Member Login. Or, you can register in our mobile app. You only need to register once, not for every trip.

Please note that you can't register the same email multiple times.

Use our digital tools to:



Access your Certificate of Coverage for details on your benefits.



View a digital version of your ID card anytime.



Find and review profiles of preferred doctors and hospitals.



Arrange direct payment to your provider for services you've received.*



Access global health and safety tools including medical translations, medicine equivalents, and news and safety information.



Access telemedicine services to talk to a doctor via phone or video call.†‡

Download our app to stay connected to care wherever you are.



Mobile app

→ Important tips:

- Be sure to use the same email address when entering information in the Member Portal or mobile app.
- For the mobile app: if you're registering a dependent, enter both the subscriber's and dependent's policy numbers.



*Direct Pay only needs to be arranged for medical care outside of the U.S.

†Prescriptions and referral letters, where legally permitted.

‡Telemedicine providers cannot prescribe controlled substances such as opioids and anti-depressants.



Remote and in-person care options

Accessing care outside of the U.S.

Getting care when you're outside the U.S. can feel a bit overwhelming. *That's why we're here.*

We understand how healthcare works in other countries. And we provide options that work within those systems—and with your travel plans.

Want to get the care you need, when you need it? *No problem.*

With our telemedicine services, you can talk to a doctor any time—day or night. There's no limit to how often you can use it, and many of the doctors speak different languages. Just call or video chat for help with non-urgent health needs.

Prefer an in-person visit? *We've got you.*

You have access to the BCBS Global Solutions network outside the U.S. Providers and hospitals are located around the world, in over 190 countries.



Here's how to start accessing the care you need.



Finding a provider

1. Go to the Member Portal on bcbsglobalsolutions.com or open the mobile app.
2. First select Provider Finder. Then select International Provider Search.
3. Once you select your provider, contact them directly using the information in their profile to schedule your appointment.

In Provider Finder, you'll see a Preferred Provider designation. This means the provider accepts Direct Pay for medical services.

- You're free to see any doctor in-network or out-of-network without a reduction in benefits.
- But if you choose to see a doctor out-of-network, you'll need to request Direct Pay before your appointment. If Direct Pay cannot be arranged, you'll need to pay the provider directly and submit a claim for reimbursement.



Requesting Direct Pay

Direct Pay ensures you don't have to pay upfront and file a claim for reimbursement.* To request Direct Pay:

- Use the Member Portal or mobile app to find a provider and schedule your appointment.
- Complete the Direct Pay form found in the quick links bar on the homepage.
- Call the number on the back of your ID card.

Please contact us **at least 48 hours before your appointment**. This gives us time to arrange Direct Pay with your provider.



Dealing with a medical emergency

If you have a medical emergency, go to the nearest doctor or hospital right away. Once you're safe, call us using the number on the back of your ID card. We'll monitor your case closely to make sure you get the right care and that local resources are available for you.



Using telemedicine

With our telemedicine services, you can access care at a time and place that works for you. It's this easy:

1. Download our telemedicine app (via the Apple® App Store® or Google Play™ store).
2. Schedule a remote visit with one of our multilingual doctors for you or any family covered by your plan.
3. Providers are available around the clock for same-day appointments to address your non-emergency health needs.
4. Prescriptions may also be provided, as appropriate (subject to local regulations).

Telemedicine puts high-quality medical care in the palm of your hand. And it's *free!*

*Hospitals/facilities with the Preferred Provider designation in their profile have agreed to accept Direct Pay for inpatient services. At their discretion, they may accept Direct Pay for outpatient services. Physicians and other non-facility providers will accept Direct Pay in most instances for their services.

Wellness services

Supporting your mental health and well-being, worldwide.

Living and studying in a new country is exciting, but it can also be a lot to deal with. Adjusting to a new place means changing your daily routine. You may face challenges you didn't expect. It's important to take care of yourself and those around you.

Our Global Counseling and Wellness Support program helps you with many different types of support and is separate from your institution. People in your institution can't see your personal information. In other words, what you share stays private.

Short-term counseling focused on finding solutions.*

Three pillars support our holistic approach to wellness.



Mental Health Support

Support for life's ups and downs. From managing stress to navigating personal challenges, we're here for you.

- Social conflicts
- Change in schoolwork
- Death of a loved one
- Traumatic event
- Holidays and gatherings
- Illness



Physical Wellness

Stay strong, stay well. Your health matters. Get personalized coaching and tips for a healthier lifestyle.

- Wellness coaching
- Health assessment
- Nutrition
- Stress management
- Fitness



Practical Support

Solutions for everyday life abroad. From planning travel to finding financial resources, we've got you covered.

- Personal growth
- Legal consultations
- Financial consultations
- Relocating/moving
- Travel

The pillars are connected and can influence each other. For example, stress from school can impact your home life. Health struggles can make it hard to focus and stay motivated. We're here to help you manage these challenges in a way that works for you.

Support is just a click away.

Here's how to get in touch with a counselor or wellness coach:

Mobile app[†]

- Click the telehealth icon in the app.
- Select Talk to a Counselor.
 - If you're looking for a wellness coach, just ask to speak with one.

Wellness Portal

- Go to the Member Portal on bcbsglobalsolutions.com.
- Select Wellness.
- Click the link for the portal.
- Select Connect With Us to schedule an appointment, live chat or request a counselor or wellness coach.

Phone

- Inside the U.S. toll free: 877 249 4765
- Outside the U.S.: +44 2089876228



**The Wellness Portal
has something for
everyone!**

You get access to:

- Wellness articles
- Webinars
- Recipes
- And more!

Wherever you are,
we're here for
your well-being.



^{*}Up to six sessions of counseling per issue, per year.

[†]Allow Blue Cross Blue Shield Global Solutions to access your location while you use the app. This enables the appropriate toll-free number to appear if one is assigned to your location.

Self-service tools

We put care right in your hands.

Our digital tools connect you to the plan information, care and resources you need. Just log in to the Member Portal or our mobile app for 24/7/365 access to all these features.



Telehealth

Talk to a doctor or counselor via phone or video chat. It's free, and you don't need to leave your home!



Provider Finder

Review profiles of network providers and hospitals. Find the best match for your needs and view their contact information.



ID Card

Get a digital copy of your ID card(s). You can also request replacements of your physical ID card(s).



Direct Pay

Request Direct Pay for future appointments. This helps you avoid paying upfront for care outside the U.S.



Claims

Submit claims to request payment for expenses related to care you've received. You can also track the status of your claims.



Translation Tools

It's like having your own remote healthcare interpreter! You can use the tools to translate symptoms, medical terms and medications.



My Benefits

View your benefit history. You can also see what you've paid toward your deductible and other costs your plan doesn't fully cover.



News & Safety

Get real-time safety and health alerts based on your location. And look up data on crime, terrorism and natural disasters in your city or country.



Need support?

No problem! Click the Contact Us page on the Member Portal or in our mobile app. You'll find answers to common FAQs. Or, just fill out a form to request help in non-emergency situations.



Submitting claims

We make the process easy.

To submit a claim

We think you should see the right provider for your needs. So, no matter which provider you choose, we make the claim process quick and easy.

If you see an in-network provider, you don't have to submit a claim. We pay them directly. If you see an out-of-network provider, you can request Direct Pay from us before your appointment. This means you won't have to pay for services upfront or submit a claim for reimbursement. If you forget to request Direct Pay or a provider doesn't accept it, you can always submit a claim for reimbursement. Here's how to do it.



eClaims

This is the quickest and most convenient way to submit claims. Pick the method that's best for you.

- **Do it all online.** Submit an eClaim through our Member Portal or mobile app. You can easily find it on the quick links bar on the homepage.
- **Fill out our paper form.** Download the claim form from the Claims section of the Member Portal or mobile app. Print it, fill it out and take a photo of the completed form. Then upload your photo through the Member Portal or mobile app.

Email, fax or mail

Download the claim form from the Claims section of the Member Portal or mobile app. Complete the form. Then send it to us by one of the following methods. Be sure to include all supporting documents with the form. (For example, receipts from your doctor or hospital visit.)

- **Email:** claims@bcbsglobalsolutions.com
- **Fax:** +1 610 482 9623
- **Mail:** Blue Cross Blue Shield Global Solutions, Attn: Claims Department, PO Box 1748, Southeastern, PA 19399-1748 USA



Need to check the status of your claim?

Just go to the Claims section of the Member Portal or mobile app. If you have questions, call the number on the back of your ID card.



Insurance glossary

What we mean when we say...

Certificate of Coverage: It explains the benefit plan that covers you and your dependents. For example, it may describe your medical, dental and vision coverage. It lists the rules for your benefits.

Claim: A request for payment from your healthcare provider or you for care you received.

Coinsurance: The percentage of your healthcare costs that isn't paid by the health insurance plan. In other words, it's the percentage of the cost you're responsible for.

Coinsurance Maximum: The most you have to pay for coinsurance during the policy year for covered expenses. Some limits may apply.

Copay or Copayment: The set amount of money you pay at the time of service.

Coverage Period: The length of time your policy covers you.

Deductible: The amount you have to pay for care before your insurance begins to pay.

Direct Pay: The provider submits an invoice for payment directly to BCBS Global Solutions. This means you don't have to pay upfront. But you may still have to pay the deductible, coinsurance or copays. The health insurance contract defines what you'll have to pay.

Explanation of Benefits (EOB): An EOB is not a bill. It's a summary of how your claims were processed and what you may owe. Your healthcare provider may bill you directly for the remainder of what you owe.

Guarantee Letter: A legal document from BCBS Global Solutions that promises we'll pay your provider. It shows the benefits that apply. The guarantee is based on your coverage at the time of service. It's also called a Guarantee of Payment (GOP).

Inpatient: When a facility keeps you overnight or for more than 24 hours.

Medical Evacuation: This applies if you get sick or hurt outside your home country. Your insurance will pay to take you to the nearest facility that can provide proper care.

Network: Doctors, hospitals and other providers that work with your health insurance company. They sign contracts agreeing to discounted rates and/or to directly bill the insurer for services received by insured members.

Out-of-Network Provider: A provider who doesn't work with your health insurance company. Higher coinsurance usually applies. You may end up paying more than if you used an in-network provider.

Out-of-Pocket Maximum: The most you'll have to pay in a policy period before your health plan pays all covered costs. Most policy periods are one year.

Outpatient: When you get care at a facility but leave the same day or stay 24 hours or less.

Performing Provider: The licensed person or group that provided medical services to you.

Premium: The amount paid each month for your health insurance coverage. This is in exchange for the health insurance company paying a portion of your healthcare costs.

Prescription (Rx): A prescription is an instruction from a healthcare provider that tells you what medicine or treatment to take, how much to take and how often and how long to take it.

Primary Care Physician (PCP): A doctor you see for your routine and preventive health needs. You would go to your PCP first when you're sick, need a check-up or have questions about your health. PCPs also provide ongoing care for many kinds of medical conditions. But they don't provide care for specialized conditions.

Sarah Lawrence College
SCHEDULE OF BENEFITS
Metal Value: Platinum / Actuarial Value: 100.00%

Note: Medically Necessary Treatment in the United States is only covered for medical emergencies while covered under the Plan. If covered, expenses are covered at 100% of the Allowed Amount

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
Medical Limit	Unlimited	
Deductible	\$0	
Out-of-Pocket Limit	n/a	
OFFICE VISITS * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Primary Care Office Visits (or Home Visits)	Covered in full	See benefit for description
Specialist Office Visits (or Home Visits)	Covered in full	See benefit for description
PREVENTIVE CARE – See benefit for description * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Well Child Visits and Immunizations	Covered in full	
Adult Annual Physical Examinations	Covered in full	
Adult Immunizations	Covered in full	
Routine Gynecological Services/Well Woman Exams	Covered in full	
Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer	Covered in full	
Sterilization Procedures for Women	Covered in full	
Colon Cancer Screening	Covered in full	
Vasectomy	Covered in full	
Bone Density Testing	Covered in full	
Prostate Cancer Screening	Covered in full	
All other preventive services required by USPSTF and HRSA.	Covered in full	
EMERGENCY CARE * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Emergency Ambulance Transportation (Pre-Hospital Emergency Medical Services and Emergency Transportation including Air Ambulance)	Covered in full	See benefit for description
Non-Emergency Ambulance Services (Ground and Air Ambulance)	Covered in full	See benefit for description
Emergency Department	Covered in full	Health care forensic examinations performed under Public Health Law §2805-l are not subject to Cost-Sharing
Urgent Care Center	Covered in full	See benefit for description

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
PROFESSIONAL SERVICES and OUTPATIENT CARE * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Acupuncture	Covered in full	See benefit for description
Advanced Imaging Services	Covered in full	See benefit for description
Allergy Testing and Treatment	Covered in full	See benefit for description
Ambulatory Surgical Center Facility Fee	Covered in full	See benefit for description
Anesthesia Services (all settings)	Covered in full	See benefit for description
Cardiac and Pulmonary Rehabilitation	Covered in full	See benefit for description
Chemotherapy and Immunotherapy	Covered in full	See benefit for description
Chiropractic Services	Covered in full	See benefit for description
Clinical Trials	Covered in full	See benefit for description
Diagnostic Testing	Covered in full	See benefit for description
Dialysis	Covered in full	See benefit for description
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	Covered in full	60 visits per condition, per Plan Year combined therapies
Home Health Care	Covered in full	40 visits per Plan Year
Infertility Services	Covered in full	See benefit for description
Infusion Therapy	Covered in full	Home infusion counts toward home health care visit limits
Inpatient Medical Visits	Covered in full	See benefit for description
Interruption of Pregnancy Abortion Services	Covered in full	See benefit for description
Laboratory Procedures	Covered in full	See benefit for description
Maternity and Newborn Care - Prenatal Care - Inpatient Hospital Services and Birthing Center - Physician and Midwife Services for Delivery - Breastfeeding Support, Counseling and Supplies, Including Breast Pumps - Postnatal Care - Outpatient Donor Breast Milk	Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full	See benefit for description One (1) home care visit is covered at no Cost-Sharing if mother is discharged from Hospital early Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	Covered in full	See benefit for description
Preadmission Testing	Covered in full	See benefit for description
Prescription Drugs Administered in Office or Outpatient Facilities	Covered in full	See benefit for description
Diagnostic Radiology Services	Covered in full	See benefit for description
Therapeutic Radiology Services	Covered in full	See benefit for description
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	Covered in full	60 visits per condition, per Plan Year combined therapies
Retail Health Clinic Care	Covered in full	

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
Second Opinions on the Diagnosis of Cancer, Surgery and Other	Covered in full	See benefit for description
Surgical Services (including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive and Corrective Surgery; and Transplants)	Covered in full	See benefit for description
ADDITIONAL BENEFITS, EQUIPMENT and DEVICES * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Diabetic Equipment, Supplies and Self-Management Education - Diabetic Equipment and Supplies - Diabetic Insulin (30-day supply) - Diabetic Education	Covered in full Covered in full Covered in full	See benefit for description
Durable Medical Equipment and Braces	Covered in full	See benefit for description
External Hearing Aids/Prescription Hearing Aids	Covered in full	Single purchase once every three (3) years
Cochlear Implants	Covered in full	One (1) per year per time Covered
Hospice Care - Inpatient - Outpatient	Covered in full Covered in full	210 days per Plan Year Five (5) visits for family bereavement counseling
Medical Supplies	Covered in full	See benefit for description
Prosthetic Devices - External - Internal	Covered in full Covered in full	One (1) prosthetic device, per limb, per lifetime with coverage for repairs and replacements Unlimited; See benefit for description
INPATIENT SERVICES and FACILITIES * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Autologous Blood Banking	Covered in full	See benefit for description
Inpatient Hospital for a Continuous Confinement (including an Inpatient Stay for Mastectomy Care, Cardiac and Pulmonary Rehabilitation, and End of Life Care)	Covered in full	See benefit for description
Observation Stay	Covered in full	See benefit for description
Skilled Nursing Facility (including Cardiac and Pulmonary Rehabilitation)	Covered in full	200 days per Plan Year
Inpatient Habilitation Services (Physical, Speech and Occupational Therapy)	Covered in full	
Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy)	Covered in full	

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES <i>(All mental health and substance use benefits will be paid at the same level of coinsurance as any other illness/injury)</i>		
Inpatient Mental Health Care for a continuous confinement when in a Hospital or Residential Treatment	Covered in full	See benefit for description
Outpatient Mental Health Care (including Partial Hospitalization and Intensive Outpatient Program Services)	Covered in full	See benefit for description
ABA Treatment for Autism Spectrum Disorder	Covered in full	See benefit for description
Assistive Communication Devices for Autism Spectrum Disorder	Covered in full	See benefit for description
Inpatient Substance Use Services for a continuous confinement when in a Hospital (including Residential Treatment)	Covered in full	See benefit for description
Outpatient Substance Use Services (including Partial Hospitalization, Intensive Outpatient Program Services, and Medication Assisted Treatment) Opioid Treatment Programs	Covered in full	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
	Covered in full	
PRESCRIPTION DRUGS		Limits
*Prescription Drugs are not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA or if the item or service has an “A” or “B” rating from the USPSTF and obtained at a participating pharmacy. Insulin drugs shall be covered in full, regardless of the amount or type of insulin that is needed to fill such member’s prescription. * Cost-Sharing for Covered Services with a primary diagnosis of mental health or substance use disorder may be lower than the Cost-Sharing listed below in order to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).		
Retail Pharmacy Tier 1- Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand Preauthorization is not required for antiretroviral Prescription Drugs used for the treatment or prevention of HIV or AIDS and Prescription Drugs to treat a substance use disorder, including a Prescription Drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal.	\$0 Copayment per 30-day supply \$0 Copayment per 30-day supply \$0 Copayment per 30-day supply Cost-Sharing for epinephrine devices shall not exceed \$100 per Plan Year.	See benefit for description
Up to a 90-day supply for Maintenance Drugs are available at retail level – copays apply for each 30-day supply		
Mail Order Pharmacy Up to a 90-day supply Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	\$0 Copayment per 30-day supply \$0 Copayment per 30-day supply \$0 Copayment per 30-day supply Cost-Sharing for epinephrine devices shall not exceed \$100 per Plan Year.	See benefit for description The mail order pharmacy Cost-Sharing will apply to Prescription Drugs obtained at a retail Participating Pharmacy that agrees to the same reimbursement amount as the mail order pharmacy.
Enteral Formulas Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	\$0 Copayment per 30-day supply \$0 Copayment per 30-day supply \$0 Copayment per 30-day supply	See benefit for description

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
WELLNESS BENEFITS		
Gym Reimbursement	Up to \$200 per six (6) month period	
PEDIATRIC DENTAL and VISION CARE		
Pediatric Dental Care Benefits are the same for Participating or Non-Participating Providers - Preventive Dental Care - Routine Dental Care - Major Dental Care (Oral Surgery, Endodontics, Periodontics and Prosthodontics) - Orthodontics	20% Coinsurance 20% Coinsurance 50% Coinsurance 50% Coinsurance	One (1) dental exam and cleaning per six (6)-month period Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing x-rays at six (6) month intervals
Pediatric Vision Care Benefits are the same for Participating or Non-Participating Providers - Exams - Lenses and Frames - Contact Lenses	0% Coinsurance 0% Coinsurance 0% Coinsurance	One (1) exam per Plan Year; One (1) prescribed lenses and frames per Plan Year or One-year supply of Contact lenses per Plan Year
OTHER ADDITIONAL BENEFITS		
Emergency Medical Transportation	Maximum Benefit up to \$250,000	See benefit for description
Repatriation of Mortal Remains	Maximum Benefit up to \$50,000	
Emergency Family Travel Arrangements	Maximum Benefit up to \$5,000	
Accidental Death & Dismemberment Benefit	Maximum Benefit: Principal Sum up to \$10,000 per insured Member	See benefit for description

Exclusions and Limitations

No coverage is available under this Certificate for the following:

- A. **Aviation.** We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- B. **Convalescent and Custodial Care:** We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.
- C. **Conversion Therapy.** We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for an individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.
- D. **Cosmetic Services:** We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.
- E. **Coverage Inside the United States**
We do not Cover care or treatment provided inside the United States or its possessions except for Emergency Services, Pre-Hospital Emergency Medical Services and ambulance services to treat Your Emergency Condition.
- F. **Dental Services:** We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care section of this Certificate.
- G. **Experimental or Investigational Treatment:** We do not Cover any health care service, procedure, treatment, device or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.
- H. **Felony Participation:** We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to Coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).
- I. **Foot Care:** We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.
- J. **Government Facility:** We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless You are taken to the Hospital because it is close to the place where You were injured or became ill and Emergency Services are provided to treat Your Emergency Condition.
- K. **Medically Necessary:** In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.
- L. **Medicare or Other Governmental Program:** We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid). When You are enrolled in Medicare, We will reduce Our benefits by the amount Medicare pays for Covered Services. Benefits for Covered Services will not be reduced if We are required by federal law to pay first or if You are not enrolled in premium-free Medicare.

- M. **Military Service:** We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
- N. **No-Fault Automobile Insurance:** We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.
- O. **Services Not Listed:** We do not Cover services that are not listed in this Certificate as being Covered.
- P. **Services Provided by a Family Member:** We do not Cover services performed by a covered person's immediate family. "Immediate family" member means a child, stepchild, spouse, parent, stepparent, sibling, stepsibling, parent-in-law, child-in-law, sibling-in-law, grandparent, grandparent's spouse, grandchild, or grandchild's spouse.
- Q. **Services Separately Billed by Hospital Employees:** We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
- R. **Services With No Charge:** We do not Cover services for which no charge is normally made.
- S. **Vision Services:** We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of this Certificate.
- T. **Workers' Compensation:** We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

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This is only a summary of benefits. For more information about the benefits covered under this Plan, including benefit descriptions and other important information about the Plan, please see the full Certificate of Coverage. In the event of a discrepancy between this document and Certificate of Coverage, the Certificate controls.

Sarah Lawrence College Plan Year 2026 - 2027		
Monthly Participant Rate:	\$3.30 PEND	\$87.50 Medical



Say “yes” to the journey.

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Phone

Outside the U.S.: +1 610 263 2847



Email

Submit an inquiry through the Support page
on the Member Portal or in the mobile app.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under this health insurance plan. This is not a contract of insurance. Coverage is provided under an insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL (policy form series 28.1332). Complete information on the insurance is contained in the Certificate of Insurance which is on file with the company and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

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